

STRATFORD PRESCHOOL  
P. O. Box 55407  
Virginia Beach, VA 23471-0562  
Linda Huff, Director  
Phone: 460-0659

**APPLICATION/ENROLLMENT**  
**(September 2010-May 2011)**

		<u>Annual Tuition</u>
For program (select one)	9:00 a.m.-12:00 noon _____	\$4,750.00
3's may choose <b>noon or 1p.m.</b>	9:00 a.m. - 1:00 p.m. _____	\$5,900.00
4's may choose <b>noon, 1p.m. or 2:30</b>		
Jr. and Sr. Kindergartener <b>must select</b> -----à 9:00 a.m. - 2:30 p.m. _____		\$7,400.00

**Pupil:** \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ sex M\_\_\_ F\_\_\_

Name: \_\_\_\_\_  
first middle last Nickname (if any)  
Address: \_\_\_\_\_  
number street city state zip SUBDIVISION

**NEW PUPIL:** Place of birth \_\_\_\_\_  
city state

Birth Certificate number \_\_\_\_\_ Date Issued \_\_\_\_\_  
**(Please attach a copy of Birth Certificate. )**

**MOTHER** (or guardian) name: \_\_\_\_\_

Authorized to pick up child? Yes \_\_\_\_\_ no \_\_\_\_\_ \*

Home address: \_\_\_\_\_  
number street city state ZIP

Place employed: \_\_\_\_\_ Work phone \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

**FATHER** (or guardian) name: \_\_\_\_\_

Authorized to pick up child? Yes \_\_\_\_\_ no \_\_\_\_\_ \*

Home address: \_\_\_\_\_  
number street city state ZIP

Place employed: \_\_\_\_\_ Work phone \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

\*If answered "no," you must submit with this application appropriate legal documentation, showing that the pupil is not to be released to that parent.

**EMERGENCY ALTERNATIVE CONTACTS** (Name **two** local residents.)

**(1)** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
number street city state ZIP

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Authorized to pick up child? Yes \_\_\_\_\_ No \_\_\_\_\_

**(2)** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
number street city state ZIP

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Authorized to pick up child? Yes \_\_\_\_\_ No \_\_\_\_\_

**PHYSICIAN** (pupil's) \_\_\_\_\_  
name telephone

**WE DO NOT ADMINISTER ANY MEDICATIONS OR MEDICAL TESTS.**

(except benadryl and epipen in a life threatening emergency with appropriate doctor's orders)

**ALLERGIES** and intolerance to food, medication, or other substances, None\_\_\_\_\_ Yes (describe) \_\_\_\_\_

**Emergency Instructions:**

Actions you want the school to take in an EMERGENCY situation, affecting your child: Call 911 \_\_\_\_\_

Directions as follows: \_\_\_\_\_

**FOR US TO UNDERSTAND YOUR CHILD**

**Date your child first started Stratford:** \_\_\_\_\_ month \_\_\_\_\_ year

Previous schools, or play groups, attended:

Programs to be attended, concurrently with Stratford Preschool:

Names and birthdates of siblings: \_\_\_\_\_

Other information (chronic physical problems, developmental information, or other insights you wish to provide)

**(If your child has developmental disabilities, please discuss these with the director, prior to enrollment)**

We understand that should our child become ill, the school will notify us, and we are to have the child picked up, as soon as possible. Further, I (we) hereby AUTHORIZE EMERGENCY MEDICAL CARE for this child should an emergency occur, and I (we) cannot be contacted, immediately.

We will inform the school within twenty-four hours, or the next business day, after our child, or any member of our immediate household, has developed a communicable disease. If the disease is life-threatening, we will report it, immediately.

Parent's, or legal guardian, signature: \_\_\_\_\_  
(Printed name) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Printed name) \_\_\_\_\_

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_

Linda Huff

**HEALTH FORM:** STATE REGULATIONS REQUIRE that we have on file for your child a "School Entrance Examination" form completed since September 1<sup>st</sup>, last year and the related "Certificate of Immunization."

Please, complete Part I of this form, sign and date it; then, have the child's physician complete parts II and III. Return completed form to us.

Your child's enrollment is not complete until we have the completed HEALTH FORM, along with all information requested on this APPLICATION/ENROLLMENT form and the INITIAL TUITION PAYMENT.

**TUITION:** just as enrollment is for the full school year, the tuition obligation is for the full school year. An initial payment of 10% is due with this form. The remaining 90% is payable in advance, in monthly installments of 10% each, September through May. (Tuition payment coupon books will be provided, before the September payment is due.) Tuition may be paid in advance for the year, or by the semester.

<u>Program</u>	<u>Yearly tuition</u>	<u>Initial payment</u> (with registration form)	<u>Monthly payment</u>
9:00 a.m.-12:00 noon	\$4,750	\$475	\$475
9:00 a.m.-1:00 p.m.	\$5,900	\$590	\$590
9:00 a.m.-2:30 p.m.	\$7,400	\$740	\$740

PLEASE, advise us of any changes, during the year, in phone numbers, addresses, or other information so that we may keep our records current.